DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Weisman

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

OCT - 4 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 02-011

2. STATE: Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: July 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 03 $ 160,000.00
b. FFY 04 $ 195,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
None

10. SUBJECT OF AMENDMENT:

Updates the plan to reflect method of payment for EPSDT continuing care services.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Did not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
for Bob Labbe

14. TITLE:
Director

15. DATE SUBMITTED:
September 27, 2002

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: OCT - 4 2002

18. DATE APPROVED: ~~DEC 10~~ DEC 17 2002

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME:
Bonnie Butterfield

22. TITLE:
Associate Regional Administrator

23. REMARKS:

POSTMARKED: 9/30 (DATE) Juneau (CITY/STATE)

FORM HCFA-179 (07-92)

EPSDT Continuing Care Provider Services

Continuing care providers, who have entered into an agreement with the Division of Medical Assistance in accordance with Section 3.1 (a)(9) of this Plan, will be reimbursed an amount equal to the costs associated with implementing the provisions of such an agreement.